Arvada Location
8030 Lee Drive • Arvada, CO 80005
T 303.421.6873 F 303.421.9922

Broomfield Location
3830 W. 121st Place • Broomfield, CO 80020
T 303.410.8041 F 303.410.8044

www.arvadapeds.com

Consent for Release of Medical Information

Patient 18yrs +

Patient Name: ____ DOB: _________________

I hereby consent to the release of medical information to the following person(s):

____ ___________________________
(Please Print) (Relationship to Patient)

____ ___________________________
(Please Print) (Relationship to Patient)

I specifically consent to the release of information relating to:

Date of service: _________________________

Furthermore, I authorize the above named to: (initial all that apply)

__________ Inquire about the above date of service (appointment)

__________ Speak to a provider, triage nurse and/or clinical staff regarding the above date of service

Valid for 365 days from date of signature and ***ONLY*** for the DOS listed above.

I understand that I may revoke this consent at any time by notifying Arvada Pediatrics in writing.

____________________________________ __________________

Patient Signature Date